| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Dec. 2000 | 139 | 498 | 24 | 142 |
| Dec. 2001 | 158 | 656 | 27 | 169 |
| Dec. 2002 | 106 | 762 | ' 32 | 201 |
| Dee. 2003 | 119 | 881 | 29 | 230 |
| Dec. 2004 | 68 | 949 | 7 | 237 |
| Dec. 2005 | 1465 | 2414 | 46 | 283 |
| Dec. 2006 | 1925 | 4339 | 80 | 363 |
| June, 2007 | 743 | 5082 | 97 | 460 |

**Failure to provide basic health care**

*279 SHRI AMIR ALAM KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that our health system has failed to provide basic health care facilities in some parts of the country;

(b) if so, which are those parts and whether it is also a fact that much promised First Reeferral Units (FRUs) are virtually non-existent and round the clock Public Health Care (PHC) are either non-functional or lacking to deal with pregnancy cases;

(c) whether there is any plan/scheme to improve the said situation; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to d) It is not correct to conclude that the health system has failed to provide basic health care facilities in some parts of the country. The public health infrastructure in India comprises over 144,988 subcentres, 22669 Primary Health Centres, 3910 Community Health Centres and 558 District hospitals. Further, there are large number of Taluk hospitals, Civil Hospitals, Mother & Child Hospitals, TB hospitals etc. In addition to these, the States have also set up public Private Partnerships with several NGOs to run service delivery centres for health care in underserved areas. This mammoth public health delivery system is supported by a large work force of 22273 doctors, 3979 specialists, 149695 ANMs and 62225 paramedics.

It is true that in some parts of the country, due to variety of reasons, the provisioning of 24x7 healthcare services have been less than desirable. As on date, the States have reported availability of First Referral Unit services at 736 CHCs and 6805 number of PHCs are reported to be operational on 24x7 basis.

The situation can be improved only through comprehensive health sector reforms which have been undertaken under the National Rural Health Mission (NRHM). As the members would be aware, the NRHM is a flagship programme of

the Government. It is being operationalized throughout the country, with special focus on 18 States which include 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan), 8 NE States, Himachal Pradesh and Jammu and Kashmir.

The main aim of NRHM : is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. NRHM seeks to strengthen the Public Health delivery system at all levels.

The Sub-centres and PHCs are proposed to be revitalized through better human resource management, clear quality standards, better community supported untied fund to enable local planning and action. The Indian Public Health Standards define structural, personnel, equipment and management standards and have been finalised for District Hospitals, CHCs, PHCs and SCs. All the States are undertaking facility surveys to identify the fund requirements for upgrading the facilities and provision of adequate funds has been made in this regard. Till July, 2007, States have identified 2783 CHCs for upgradation to IPHS and facility surveys have been completed in 2079 CHCs. These CHCs would be upgraded to the status of FRUs before eventual upgradation to IPHS.

All the facilities are also being provided untied funds to enable the local management committee to carry out locally relevant initiatives for better service delivery. At the level of Sub Centre, untied funds are to be operated in the Joint account of ANM and the Gram Pradhan. The Hospital Management Committees (Rogi Kalyan Samitis) at various levels are being set up as registered societies with the representation of Panchayati Raj Institutions. These societies are also being given funding support under the NRHM to allow local action.

**Resentment among farmers for low sugarcane price**

†*280. SHRIMATI SUSHMA SWARAJ: Will the Minister of AGRICULTURE be pleased to state:

(a) whether any assessment of the production of sugarcane this year has been made;

(b) whether it is a fact that huge quantity of sugarcane crop has been burnt by the farmers because of not getting payment for sugarcane from sugar mills and also not getting proper price for sugarcane; and

(c) if so, the efforts being made by Government to check its recurrence?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) As per the 4th advance estimates released on 19.07.2007, production of sugarcane in the country during 2006-07 is estimated at 345.31 million tonnes.

(b) and (c) No report has been received by the Central Government from any sugarcane producing State so far regarding burning of the sugarcane crop by the farmers. An amount of Rs.4,429.93 crore was due to be paid to the sugarcane farmers as on 30th June, 2007 as cane price arrears of 2006-07 and earlier sugar seasons. The Central Government has taken the following steps:

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†Original notice of the question was received in Hindi.